

Constraints in Implementation of HIV and AIDS Curriculum Integration in Primary Schools in Bungoma County, Kenya

Florence Mbach^{1*} Wycliffe Oboka² Ruth Simiyu³ Jacob Wakhungu⁴

- 1.Faculty of Education and Social Sciences, Department of Psychology, Kibabii University, Box 1699-50200 , Bungoma
2.Centre for disaster Management and Humanitarian Assistance, Department of Emergency management and Community Development, Cooperative University College of Kenya
3.Centre for disaster Management and Humanitarian Assistance, Department of Peace and Conflict studies: Masinde Muliro University Box 190, Kakamega
4.Centre for disaster Management and Humanitarian Assistance: Department of Emergency Management and Humanitarian Assistance; Masinde Muliro University, Box 190, Kakamega

Abstract

Education was identified as the critical means of achieving behaviour change in and out of the classroom in order to prevent and mitigate the spread of HIV and AIDS among the youth. This study sought to investigate the constraints during HIV and AIDS curriculum implementation, the study was guided by social cognitive approach theories, survey and evaluation research designs. The study population constituted all class eight pupils, teachers, head teachers, teacher counsellors, quality assurance and standards officers of the Ministry of Education. Both multi – stage cluster sampling and purposive sampling procedures were used to select the sample. Primary data was collected using structured questionnaires, interview schedule, observation checklist and Focus Group Discussion. Secondary data was collected from documented information on HIV and AIDS curriculum integration programme. The established that Constraints facing implementation of HIV and AIDS curriculum integration program in primary schools included lack of adequate teaching and learning resources, financial constraint, ignorance on the part of pupils, inadequate resources, lack of motivation for teachers, Lack of adequate teaching materials, lack of adequate time, negative attitude, stigma, understaffing and wide curriculum. The study recommends that the ministry of education should provide adequate teaching and learning materials for HIV and AIDS education for effective implementation of the integration in the curriculum in primary schools. Relevant infrastructure, such as electricity should be provided so that learners can be able to use facilities such as audio-visual materials. There is also need for teachers to attend in-service training to be more equipped in teaching HIV and AIDS. This will increase their knowledge base and help curb against misconceptions on HIV and AIDS.

Keywords: HIV/AIDS curriculum, implementation, constraints/challenges, adequacy

1. Introduction

In general, it is important to note that curriculum structures and syllabi are differed quite importantly across the regions. Some of these documents are more detailed than others; some include all subject areas in one document, whereas others provide one document with general goals and a set of documents presenting each subject area as a separate subject curriculum. It was discovered that, in Geneva, time allocation in particular was missing from the documents under review and HIV and AIDS is not always accordingly reflected in the curriculum. The status of other features of a curriculum is often difficult to grasp (UNESCO, 2004).

Mugwe E. and Pesanany, G. (2011) in their study conducted in Zimbabwe, found out that teachers made a lot of initiatives in improving education in line with contemporary and challenging issues such as HIV and AIDS. However, the percentage of teachers without in-service training remained high. Heads and teachers indicated the need for more workshops and seminars at any given time because this would have an impact on the implementation process. They also revealed that parents, families and communities were minimally involved in the implementation process, thus posing a challenge to the implementation process. Shortage of teaching and learning materials specifically for HIV and AIDS were realized and unavailability of syllabi were major drawbacks, which were bound to render the mechanisms ineffective.

The study recommended that time allocated to teaching of HIV and AIDS should be increased to at least two periods per week and the subject should be examinable. Furthermore, capacity building should be enhanced so that training covers all teachers.

Waithengeni, (2012) noted HIV and AIDS not being examinable and thus teachers give it less strength when it comes to teaching as compared to other subjects. Basing on that, they do not allocate time for teaching it on the timetable. This makes the programme not effectively implemented as planned by the government. Basing on the above information, the researcher is motivated to investigate the constraints that are faced in the curriculum implementation of HIV and AIDS education in Bungoma County of western Province. Kenya

A study in South Africa indicated that, HIV program was not implemented as planned in schools due to organizational problems, lack of commitment of the teachers and the principal, non – trusting relationships between

teachers and learners, lack of resources and conflicting goals in the educational systems (Visser, 2005). It was also discovered that, despite the fact that, some teachers were enthusiastic about the program and were motivated to implement it, they experienced many obstacles in the functioning of their schools such as; lack of time due to heavy workload, lack of motivation, lack of time on the time table, lack of support from other teachers, principals and the project teams of the department of education. That made it almost impossible to implement the program (Visser, 2005).

The study in Busia County discovered that, 95% of the head teachers claimed, there was inadequate content, 79% teachers claimed there were inadequate curriculum materials and 74% students claimed that head teachers' experienced financial constraints. During the interview, the head teachers added that, the components integrated lacked specific topics and objectives for the infused areas and were too minute, scattered and with no specific reference materials. Thus leading to lack of organization in the implementation process.(Kwedho, Simatwa and Ondigi, 2010).

The head teachers also claimed that, infusion presented other challenges such as lack of teacher capacity for effective coverage and irrelevance in some subjects. They claimed that, stigmatization was worse . Other challenges were also cited; negative attitude of some students towards AIDS education, infrastructure such as power supply, and lack of space and lack of cooperation from teachers and from the school environment (Kwedho et al, 2010).

Ndambuki (2006) established that the Kenyan HIV and AIDS policy lacks clear and detailed policy interpretation and implementation guideline and the structure for implementing the policy has not been created. There is lack of capacity in terms of knowledge, skills, information and attitudes for the interpretation and implementation of the policy on the part of the stakeholders. Duflo, Kremer, Dupas and Sinei (2010) indicated that HIV and AIDS intervention measures had little impact on students' knowledge, attitudes and behavior.

1.1. Statement of the Problem

Education has been identified as the critical means of achieving behavior change in and out of the classroom (UNAIDS 2000). However many programmes for sensitization focused on the young have been reported to fail to address some of the key determinants of vulnerability, such as the high prevalence of HIV and AIDS in many countries (UNAIDS, 2008). Studies have noted that the implementation process in secondary schools pause head teachers with several challenges (Kwedho et al, 2010). The intervention measures in colleges have had little impact on students' knowledge, attitudes and behavior change (Duflo et. al 2010).

HIV and AIDS Education Sector Policy indicates that, the basic needs of vulnerable children remain unmet and therefore curtailing their full participation in the implementation process (Ruto, Chege, & Wawire, 2009).

Most of the above cited studies have been done in colleges, universities and secondary schools but very few have been done in primary schools. They also focused on; intervention measures, HIV prevalence and perceptions. It is on this basis that this study sought to establish the constraints in the implementation process of HIV and AIDS curriculum integration in primary schools

1.1.1. Research Objective

The general objective of this study was to establish the constraints in the implementation of HIV and AIDS curriculum integration in primary schools in Bungoma County.

1.1.2. Methodological Approaches

The study adopted a survey design. The target population for the study included; teachers, District Quality Assurance and Standards officers in the ministry of Education and pupils in primary Schools. Both non-probability and probability sampling procedures were used to select the required respondents for this study at different stages. Data was collected by use of Questionnaires, interview schedule; focus group discussion, observation check list reports and documented data

1.1.3. Results and Discussions

1.1.3.1. Adequacy of Learning Materials

Pupils were asked to indicate if they have enough learning materials on HIV and AIDS education in their school. A Chi Square test conducted on the at 5% level of statistical significance to determine if there were significant differences on the responses of students on the adequacy of learning materials on HIV and AIDS education. The results showed that there was a highly statistically significant ($P<0.01$) difference in the pupils responses ($\chi^2_{1,0.05} = 43.560$; $P<0.01$).

The results indicated that majority of the pupils (90.0%) did not have enough learning materials since their schools did not purchase materials on HIV and AIDS education. These results indicate that although there is much effort to boost HIV and AIDS education, much need to be done so as to have adequate learning materials in the schools. There is no way we shall claim we are implementing a programme that has no learning materials. This leads to inefficiency and ineffectiveness of the implementation process.

The pupils were further asked to name the resources which they lacked in their school. Pupils who

supported the lack of teaching materials sited lack of textbooks (40.1%), audio-visual material (22.7%) and realia/teaching aids (37.2%). This indicates that students do not get adequate knowledge on HIV and AIDS due to lack of these learning materials. Lack of audio – visual materials was attributed to some schools lacking electricity, Video tapes and Televisions. Lack of Realia was due to pupils lacking experience with people living with HIV and AIDS (PLWA).

Focused group discussion (FGDs) and interviews also revealed that, schools lacked funds to buy enough text books. They only gave priority to those textbooks for the examinable subjects. They also claimed that schools have never invited people living with HIV and AIDS (PLWA) to their schools to talk to pupils so that they give them an encouragement on how to live with HIV and AIDS in case one is affected or infected. This shows how HIV curriculum integration is not given emphasis by the school head teachers and thus affecting its efficiency and effectiveness.

To assess the relevance of teaching resources in primary schools, teachers were asked to indicate whether the textbook they used had sufficient information on HIV and AIDS.

A Chi Square test performed on the responses indicated that there was no statistically significant ($P>0.05$) difference in the responses $\chi^2_{1,05} = 0.040$ by teachers.

The responses show that 48.4% of teachers said that their schools had enough information on HIV and AIDS education while 51.6% said that their schools did not have enough information on HIV and AIDS education. These findings indicate that a bigger percentage of the schools have a shortage of textbooks with information on HIV and AIDS education. This implies that the implementation of HIV and AIDS curriculum is not yet effectively being done since there are few schools that are implementing while others are not, due to shortage information on HIV education. This is a hindrance to the efficiency and effectiveness of the implementation process of the integration programme in primary schools as indicated by findings of this study.

Information gathered from FGDs and interview schedules also pointed out that, teachers did not have books with adequate information on HIV and AIDS. Some claimed they had not been taken for induction courses when this programme began and therefore expressed lack of required information for efficiency and effective implementation. This was a hindrance to fully implementation of HIV and AIDS curriculum in primary schools. However, teachers have appositive attitude towards the implementation of HIV and AIDS curriculum integration programme

The above findings are in agreement with those of a study on the challenges facing head teachers in the implementation of AIDS education in secondary schools by Kwedho et al (2010) who discovered that, 95% of the head teachers claimed that there was inadequate content, 79% teachers claimed there were inadequate curriculum materials and 74% students claimed that head teachers' experienced financial constraints. During the interview, the head teachers added that, the components integrated lacked specific topics and objectives for the infused areas and were too minute, scattered and with no specific reference materials. Other challenges included bureaucracy in acquiring AIDS material, lack of co-operation from teachers, lack of current literature on AIDS and accountability for reading materials.

Teachers were further asked to indicate the resources (textbooks) they had used to teach amongst the K.I.E recommended textbooks: Let's talk about AIDS series, Bloom and doom your choice, AIDS education for the youth and Life skills education course books.

A Chi Square test was conducted at 5% level of statistical significance to determine if there were significant differences on the responses of teachers on the variety of textbooks used. The results showed that there was a highly statistically significant ($P<0.01$) difference in the variety of textbooks used ($\chi^2_{5,05} = 356.450$, $P<0.01$).

Results indicated that 'Let's talk about aids' is the most commonly used textbook (39.8%), followed by 'Life skills educational course books' (35.9%), AIDS education for the youth (8.9%) and Bloom and Doom your choice (3.1%). These findings indicate that, at least schools have a few textbooks that use for teaching HIV education. However they feel that they are not adequate for effective teaching. This is also supported by Kwedho et al., (2005).

Results from focused group discussions with teachers indicated that teachers could use any of the books to teach as there was no specific course book to use. However other teachers claimed that they used subject text books for English and Kiswahili which had passages on HIV and AIDS. It was also claimed that science text books had infused messages on HIV and thus could be used effectively for teaching. However, there was no emphasis of teaching HIV and AIDS because it is not examinable. The teachers also observed that pupils expressed fear when it came to discussing sexual issues related to HIV and AIDS. This was attributed to cultural beliefs and practices, since it was a taboo to discuss about sexual matters during the day among the youth.

1.1.3.2. Challenges in the Implementation of the HIV and AIDS.

The study sought to identify other challenges facing implementation of the HIV and AIDS curriculum in primary schools. To achieve this, teachers were asked to outline the key challenges or problems facing the implementation

of HIV and AIDS curriculum integration in their schools. The responses show that the constraints faced in the integration of HIV and AIDS education in the curriculum are; financial constraints (8.8%), lack of skills on the part of pupils (15.7%), inadequate resources (6.6%), lack of intrinsic motivation for teachers (3.0%), inadequate learning materials (18.0%), inadequate time (19.5%), negative attitude (3.0%), stigma (2.5%), understaffing (18.8%) and wide curriculum (6.0%). These results clearly point out that the challenges facing infusion of HIV and AIDS are many and varied, and likely to influence negatively the implementation of HIV and AIDS curriculum integration program.

Findings from FGDs and interview schedules indicated that these constraints were being faced in almost all primary schools in Bungoma County. However, those in remote areas were seriously hit as most of them lacked basic infrastructure such as electricity, which is vital for HIV and AIDS education especially, if they want use HIV and AIDS videos to pass on information to the learners. Some of the teachers who have not undergone any induction on HIV and AIDS also come from these schools.

These findings are in agreement with the findings from past studies. For example, in South Africa data about HIV and AIDS curriculum implementation indicated that, the program was not implemented as planned in schools due to organizational problems. These included lack of commitment of the teachers and the principal, non-trusting relationships between teachers and learners, lack of resources and conflicting goals in the educational systems (Visser, 2005). It was also discovered that, despite the fact that, some teachers were enthusiastic about the program and were motivated to implement it, they experienced many obstacles in the functioning of their schools such as; lack of time due to heavy workload, lack of motivation, lack of time on the time table, lack of support from other teachers, principals and the project teams of the department of education. That made it almost impossible to implement the program (Visser, 2005).

This was also supported by the study done in Geneva which was that, time allocation in particular was missing from the documents under review and HIV and AIDS was not accordingly reflected in the curriculum (UNESCO, 2004)

This was confirmed done by Kwedho et al (2010) that HIV and AIDS curriculum implementers experienced many obstacles in the functioning of their schools; lack of time due heavy workload, lack of time of the time table and lack of motivation.

1.1.3.3. Recommendations

The Ministry of education should provide adequate teaching and learning materials for HIV and AIDS education for effective implementation of the HIV and AIDS curriculum in primary schools. Relevant infrastructure, such as electricity should be provided so that learners can be able to use facilities such as audio-visual materials (CDs and DVDs).

Since some students sited poor teaching methods to be a constraint, teachers should attend in-service training to be more equipped with skills of teaching HIV and AIDS. This will increase their knowledge base and help curb against misconceptions and stigmatization on HIV and AIDS.

References

- Duflo, E., Kremer, M., Dupas, P & Sinei, S. (2010), *HIV/AIDS Interventions in Education And HIV/AIDS prevention in Western Kenya*. Kenya. Brookings.
- Kwedho,C.O, Simatwa, E.M.W and Ondigi, B.A (2010). *Challenges Facing Head Teachers In Implementation of HIV/AIDS Curriculum Integration*. <http://www.interesjournals.org/ERcopyright@2010> International Research Journals
- Muguwe, E., & Pesanany, G. (2011) *The Effectiveness of Mechanisms and Guidelines for the Implementation of the AIDS Action Programme in Zimbabwe Secondary Schools*. Journal of Sustainable Development in Africa (Volume 13, No 3, 2011) ISSN: 1520-5509 Clarion University of Pennsylvania, clarion, Pennsylvania
- Ndambuki, J. K. (2006).*An analysis of HIV and AIDS Policy Formulation and Implementation Structures, Mechanisms and Processes in the Education Sector in Kenya*. CFBT. Nairobi. Kenya.pg 1 – 60
- Ruto J. S, Chege, N. F & Wawire K. V (2006).*Implications for Orphaned and Vulnerable children University and the Teaching of HIV and AIDS Education*. CICE Hiroshima U, Journal of international co-operation in Education, Vol. 12 No 1(2009) pg 127 – 142.
- UNAIDS (2000).*Report on Global HIV and AIDS Epidemic*. Geneva.
- UNESCO, (2004).*Quality Analysis of Set of Curricula and Related Material on Education for HIV and AIDS Prevention in School Settings*. Geneva. Bangko.1 – 47
- UNICEF, (2009).*Towards Universal Access: Scaling up Priority HIV Interventions Health Sector*. Geneva. World Health Organization
- UNGAS, (2008 & 2010). *Country Progress Report- Nairobi*, Kenya Government printers
- UNICEF, (2004). *Girls' HIV/AIDS Education*. New York: Division of communication, UNICEF.
- Visser, J. M et.al (2005). *Journal of Social Aspects of HIV and AIDS*. Vol. 2 No. 1 April 2005 pg. 1 – 50



Waithengeni, J. K. (2012) *Factors Influencing Effective Implementation of HIV and AIDS Component of Curriculum in Primary Schools in Nairobi Province*. Kenyatta University Library. Nairobi Kenya